

combination of the several modes by which uterine contraction may be produced, mechanical means, or reflex or direct actions, will be trusted to alone, in such wise, that, though many remedies appear to be used, only one or two principles, and those, perhaps, not the most important, will be invoked. It is just like the old Mithridatic formulary! Thus, suppose cold applied to the rectum, cold to the abdomen, iced water given the patient to drink, and the child placed at the breast, there is great appearance of activity, but in reality only the reflex action of the uterus has been excited, which would have been equally powerful if only one efficient mode of excitation had been tried. Or again, after one mode of reflex action had been tried in vain, the reflex function being exhausted, it would be only waste of time to endeavour to excite reflex action by applying irritation to other incident nerves; yet this is often done. We do not use *all* the resources which physiology places at our command, unless we call forth, in a dangerous hemorrhage, the reflex spinal action, the direct spinal action, the irritability of the muscular fibre, and apply the mechanical methods of arresting the flow of blood from the uterus. If, for instance, instead of the jumble of reflex actions, we apply alternate heat and cold to the abdominal surface, give a dose of ergot, irritate the uterus through the abdominal parietes, and grasp it with the hands, we apply all the modes of inducing uterine contraction, and we thus get far more than a fourfold increase of contractile power."

In the foregoing notice of Dr. Smith's Lectures, we have attempted nothing more than a brief sketch of their leading contents, and of the general doctrines upon which the lecturer bases his exposition of the cause and process of parturition, and the leading principles and practice of obstetrics. The lectures are confined, strictly speaking, to the physiology, pathology, and therapeutics of the parturient and puerperal states. The anatomical, manual, and instrumental branches of obstetrics are passed over by the author without notice. Limited, however, as is the scope of the work before us, it is particularly rich in original views, judicious suggestions, and sound practical directions. We cannot, it is true, acknowledge the verity of all that the lectures contain in reference to the several subjects of which they treat, nor do we recognize the entire accuracy of all the deductions that are drawn from well established premises. The general principles, however, that are advocated by the author, and his application of these in explanation of the physiology of parturition and obstetrical pathology and therapeutics, are worthy of a close and careful study; Dr. Smith has certainly done more than any writer who has preceded him, in elevating obstetrics to the rank of a science.

D. F. C.

ART. XXV.—*Reports, for 1848, of Institutions for the Insane in the United States:*

- 1st. *Of the McLean Asylum for the Insane, Somerville, Massachusetts.*
- 2d. *The State Lunatic Hospital, Worcester, Massachusetts.*
- 3d. *The Boston Lunatic Hospital, South Boston, Massachusetts.*
- 4th. *The Butler Hospital for the Insane, Providence, Rhode Island.*
- 5th. *The State Lunatic Asylum, Utica, New York.*
- 6th. *The State Lunatic Asylum, Trenton, New Jersey.*
- 7th. *The Pennsylvania Hospital for the Insane, near Philadelphia, Pa.*
- 8th. *The Western Asylum, Staunton, Virginia.*
- 9th. *The Hospital for the Insane, Indianapolis, Indiana.*

1st. From the report of Dr. Bell, we obtain the following *résumé* of the medical history of the McLean Asylum during the past year:—

	Males.	Females.	Total.
Patients in the asylum, beginning of the year	93	80	173
“ admitted during the year	71	72	143
Whole number	164	152	316
Discharged	87	48	155
Remaining at the end of the year	77	84	161

			Males	Females.	Total.
Of those discharged, there recovered	-	-	55	37	92*
“ “ much improved	-	-	4	10	14
“ “ improved	-	-	4	3	7
“ “ unimproved	-	-	16	9	25
“ “ died	-	-	15	8	23

Causes of death.—MALES—Old age 3, phthisis 2, *paralysie générale* 3, epilepsy 6, general exhaustion 3. FEMALES—Old age 2, general decay 3, phthisis 1, erysipelas 1, acute cerebral disease 1.

From 1837 to 1848, both inclusive, the number of patients admitted was 1696; discharged 1607; cured 884; died 184.

“The only *personal restraint* (as the phrase is somewhat technically used), which has been employed during the year, has been the application, in two or three cases, of the most ingenious contrivance of the first physician of this asylum, Dr. Wyman—known as the *bed-strap*—in which an arrangement of webbing and buckles maintains the patient recumbent in bed, yet with liberty to change from side to side.

“In certain extreme cases of puerperal and other exhaustive forms of mania, or where delusion compels a perpetual standing on the feet until utter exhaustion is endangered, the value—I might say the essential necessity—of this means, has been so often and strikingly verified, that I can hardly believe that any conscientious physician, however much wedded to the general theory of *non-restraint*, could decline its use, if he were acquainted with its efficiency and its gentleness. Such examples of disease, like all the rarer kinds of insane peculiarities, occur in institutions quite capriciously, by intervals of freedom being followed by repeated cases.

“All other forms of mechanical restraint have been abandoned with us for a number of years, and with no reason thus far to regret their disuse. The expense of doing justice to a household of insane patients, without the use of any confining measures, is certainly much augmented, unless the poor equivocation is resorted to, of getting rid of muscular restraints by the substitution of strong rooms. It would be absurd and hazardous for an institution, in which economical considerations had to be strictly regarded, to aim at this ultimate refinement in the care of the insane; that is, a real, and not merely a delusive, avoidance of personal restraints.”

The wing for the male patients at this asylum has been greatly improved, in its internal construction, during the year, and a system of hot water heating and exhaustive ventilation has been introduced. An account of these improvements occupies the remainder of the report.

No man in the country has more thoroughly studied the subjects of heating and ventilation than Dr. Bell, and his recent address, before the Massachusetts Medical Society, upon “The Practical Methods of Ventilating Buildings,” embodying the results of his researches and reflections, is a very valuable contribution to hygiene.

2d. From the report of Dr. Chandler, of the Hospital at Worcester, we glean the subjoined statistics:

			Males.	Females.	Total.
Patients in hospital at beginning of year			207	187	394
Admitted in the course of the year	-	-	128	133	261
Whole number	-	-	335	320	655
Discharged	-	-	118	128	246
Remaining at the end of the year	-	-	217	192	409
Of those discharged, there were recovered	-	-	67	69	136
“ “ “ died	-	-	15	15	30

* The report says “*eighty-two*,” but gives the number in each sex as follows, “fifty-five males, and thirty-seven females.” In these details there are 161 discharged patients accounted for: whereas, it had just been stated that the number discharged was 155.

Causes of death.—Marasmus 7, apoplexy and palsy 5, epilepsy 2, consumption 3, disease of heart 1, disease of brain 1, typhus fever 1, lung fever 1, “dysenteric” fever 1, chronic dysentery 1, erysipelas 1, diarrhœa 3, exhaustion 3.

	Males.	Females.	Total.
Patients admitted, from opening of hospital,			
1833 - - - - -	1555	1529	3084
Discharged - - - - -	1338	1337	2675
Of whom were cured - - - - -	688	743	1431
“ died - - - - -	151	121	272

The hospital has been more crowded with patients during the past year than at any previous time; the number having been so great as to make it necessary for many to sleep upon beds placed, at night, upon the floors of the galleries. Dr. Chandler recommends the erection of another institution for the insane in Massachusetts, and, in the event that this should be effected, suggests the propriety of placing the male and the female patients of the State in separate asylums.

“There are some advantages,” says he, “which suggest themselves, in having the insane in an institution all of one sex, and few or no disadvantages.

“Males can be supported in a hospital somewhat cheaper than females can. Their labour is more profitable, and they are satisfied with less attention of nurses. In this hospital, about fourteen dollars per annum is expended for attendants’ care of each male patient, and about twenty-one dollars for each female. Females, too, require a larger carriage establishment. Probably, the expense of provision and clothing is somewhat larger for males than females.”

The following quotations are made from the comments upon the tabular statistics.

“Cases of palsy are almost sure to terminate fatally within three years. It is a disease almost peculiar to the male sex. It is very seldom that general paralysis is met with among females. The active man of business who has contracted habits of intemperance, is very liable to become paralytic.

“Closely allied to palsy is a disease of the nervous system, resulting in convulsions of an epileptic character. The insane, who have epileptic fits or convulsions, seldom or never recover. They continue along many years, perhaps, but almost always becoming gradually more diseased, and more demented.

“From these two classes of patients, much of our fatality proceeds.

“Consumption and disease of the functions of nutrition, or marasmus, are very common in the last stages of fatal cases of insanity.

“One boy, less than eight years old, was brought to us the past year. He was taken insane, soon after having a fever, before he was three years old. His mind has not expanded much. His case is a hopeless one. We thought his habits were improved by a few months residence under our care. But he will be a troublesome person to manage, for those who may have the care of him.

“The insane appreciate their religious advantages here. They can discriminate between what is wrong and what is right, unless it is upon the subject of their delusions. They as heartily repent of their transgressions, when made sensible of them, as any rational person. Many have a deep religious feeling, and a strict sense of justice. It is only when their delusions and ungovernable propensities intervene, that their thoughts and actions vary from that of others.”

3d. At the Boston Lunatic Hospital, the number of patients was as follows:

	Males.	Females.	Total.
November 1st, 1847 - - - - -	78	78	156
Admitted during the year - - - - -	37	69	86
Whole number - - - - -	115	127	242
Discharged - - - - -	30	26	56
Remaining, November 1st, 1848 - - - - -	85	103	188
Of those discharged, there were cured - - - - -	17	13	30
“ “ “ died - - - - -	7	8	15

Causes of death.—Dysentery 4, general palsy 3, marasmus 2, disease of heart

1, suicide 1, exhaustion 1, consumption 1, chronic diarrhoea 1, pleuro-pneumonia 1.

In his comments upon the causes of the mental aberration of the patients received during the year, Dr. Stedman relates the following case:—

“A phenomenon of rather singular character seems to have been the origin, at least the proximate cause of insanity in one of the patients. Her sister states that, about two years ago, when thirty-nine years of age, there suddenly sprang out upon her chin and upper lip a thick growth of beard; that her spirits were much affected by the circumstance; that she became more and more unhappy and mortified by her strange appearance; till at length she could not be persuaded to pursue her customary occupations. She was brought here laboring under the deepest depression and melancholy, from which she still suffers. Her beard continues to grow, and she is shaved with the regularity of our male patients. I have not been able to learn whether, at the time of this sprouting of the hair, the bodily health of this patient was peculiarly affected in any way.”

It is known that some physicians deprecate yards, courts, or enclosures for the patients of institutions for the insane; and recommend, as substitutes, verandahs attached to the buildings. Upon this subject Dr. Stedman makes some sensible remarks, which we copy:—

“We know the effect produced on the vegetable creation by the deprivation of light. The history of man is not without numerous illustrations of analogous evils inflicted on the human frame by a residence in dark and gloomy apartments. The benefits accruing to the insane by a change of air, and the enjoyment of the full sunlight, such as would be afforded them by leaving the halls of the house for spacious airing grounds, would be observed in their more healthful personal appearance, a more contented and cheerful disposition, a less irritated and irritating demeanor, as well as in many other ways. In short, no system of lighting, ventilating, or warming a building can be made to supersede the necessity of granting to the insane the liberal use and enjoyment of the external air at all proper opportunities.”

4th. The Butler Hospital for the Insane, so named in commemoration of Mr. Cyrus Butler, who contributed forty thousand dollars to the fund raised for its establishment, is beautifully situated upon the westerly shore of the Pawtucket or Blackstone river, two miles, north-easterly, from the city of Providence. It was opened for the reception of patients on the 1st of December, 1847, under the superintendence of Dr. Isaac Ray, formerly superintendent of the Maine Insane Hospital, and distinguished for his admirable writings upon the medical jurisprudence of insanity.

His first Report is before us. It embraces a period of thirteen months, ending December 31st, 1848.

				Males.	Females.	Total.
Patients admitted	-	-	-	84	72	156
Discharged	-	-	-	28	28	56
Remaining	-	-	-	56	44	100
Of those discharged, there were cured	-	-	-	-	-	17
“ “ “ died	-	-	-	-	-	13

Causes of death.—Consumption 5, apoplexy 1, general paralysis 1, delirium tremens 1, acute mania 3, chronic mania 1, cancer and old age 1.

“Of the twenty-six cases discharged uncured, fifteen had been with us but three months, or less; and of these, seven were regarded as curable, and would probably have recovered under a fair trial of treatment; while their future condition, it is very likely, will be but a continued change from bad to worse.

It would be impossible, of course, to penetrate into all the various motives that lead to such removals; but a notice of the principal ones will sufficiently illustrate how lightly people assume the responsibility of tampering with, and experimenting upon so serious a thing as the mental derangement of a fellow-being. I refer to a childish impatience that cannot wait a reasonable time for the event of recovery, and never rest until some new method of treatment is adopted. They do not seem to be aware, nor are they willing to learn, that insanity is of

much longer duration than most acute diseases, and that in many, if not most of the cases that finally recover, weeks and months pass away without any sensible improvement. This is a fact of so much importance that I run the hazard of saying what many may already know, by referring more particularly to the organic law with which it is connected. Fever, pneumonia, small-pox, measles, for instance, have a tolerably uniform duration, and we may predict, within a few days, the period when the result of the case will be apparent. Of some other diseases to which the body is liable, such as scrofula, dyspepsia, necrosis, catarrh, we may confidently say that recovery, if it happens at all, is a very distant event. Such is the law of nature; and the resources of art, however they may mitigate suffering, or change some of the accidents of the disease, cannot prevail against it. The duration of insanity, too, though far more various than in the above instances, is governed by a law scarcely less inflexible. Though as curable as most severe diseases, yet the period within which recovery may occur, is much broader than that belonging to any other. According to observations, made by Esquirol, during a certain series of years at the *Salpêtrière*, where the stay of the patient is determined by the will of the physician,—not the caprice of friends,—less than one-half of the recoveries were effected within the first year, and more than one-tenth subsequent to the second year. The average duration of the disease he estimates at one year. Very different is the popular opinion; and every day we are obliged to witness the disappointment of hopes that have been entirely unwarranted by the laws of disease. As month after month passes away with but little improvement, the minds of friends are filled with perplexity and wonder at the obstinacy of the disease; their confidence, in the propriety of the course they have taken, gradually ebbs away; and new experiments are tried, for the purpose of hastening an event which nature chooses to delay. Accordingly, the patient is removed to his own home, or is placed with friends in the country, or goes upon a journey, or is subjected to some of the empiricisms of the day. No longer feeling the gentle restraints of the asylum, surrounded by those who are ever ready to gratify his wishes, and moving in a circle of influences that tend to renew the excitement and restlessness that had begun to subside under the tranquilizing effects of rest and seclusion, he rapidly loses whatever he may have gained. He is then returned to the hospital, to regain, by a tedious process, the ground he has lost: or is kept at home, to be subjected to additional experiments, and to sink, at last, into a state of incurable disease. I have known many experiments of this kind—that of attempting to find some shorter road to recovery—but my observations have furnished me with scarcely a single instance of success.”

The subjoined extract is encouraging to the advocates of non-restraint in the management of the insane.

“Believing that in this institution no merely economical considerations should prevent us from adopting any improvement intimately connected with the highest interests of the insane, we have, from the outset, been governed by the rule, that mechanical restraint should be considered as an extreme measure, to be used only when the object in view was clearly beyond the reach of any other means. Biassed by no theory, and controlled by no will but our own, we have endeavoured to observe this rule faithfully and honestly; and the result is that, during the thirteen months we have been in operation, having one hundred and fifty-six patients under our charge, we have used mechanical restraint in one instance only. This was to prevent a person from tearing open a wound, and was continued for three or four days. It is a fair question to ask, whether this result has not been obtained by the sacrifice of considerations more or less important; for, after all, this must determine its practical value. My reply is, that I have no reason to believe that, in a single instance, has the comfort of the patient been compromised, nor that seclusion has been carried further than it otherwise would. The destruction of clothing might have been considerably lessened, no doubt, by the more liberal use of restraint, but it is impossible to say, with any degree of certainty, to what extent.”

The paramount utility of asylums over jails, and similar places of confinement, as receptacles for patients suffering under mental alienation, is illustrated by the case subjoined.

"We received one of this class of persons, who had been confined for eleven years. During all this time, constituting so large a share of the period allotted to man, he never left his cell except to pass into an adjacent one; he had never placed his foot upon the ground, nor breathed the air of heaven except through grated windows. One may faintly conceive, but language cannot describe, the luxury of the sensations which thrilled through every nerve and muscle in his body, as he paced our galleries, and once more walked abroad, with nothing between him and the open sky above and the solid earth beneath. After staying with us about nine months he was discharged; and from that day till this, he has been earning an honest livelihood by working on a railroad. Had this person committed any crime of unparalleled atrocity, that he should have been subjected to a punishment which for duration and severity is unequalled by a single penalty in the statute-book? Far from it; he had committed no criminal act whatever; he was only insane."

5th. By the report of Dr. Brigham, of the New York State Asylum, it appears that the number of patients at that institution were:—

	Males.	Females.	Total.
December 1st, 1847, - - - - -	231	241	472
Admitted during the year - - - - -	201	204	405
Whole number - - - - -	432	445	877
Discharged - - - - -	189	193	382
Remaining, November 30th, 1848, - - - - -	241	254	495
Of those discharged, there were cured - - - - -	87	87	174
Died - - - - -	46	40	86

Causes of death.—Dysentery 35, diarrhoea 10, marasmus 12, meningitis 10, epilepsy 5, general paralysis 5, consumption 3, suicide 2, old age 1, apoplexy 1, gangrene of leg 1, hydrothorax 1.

The unusual number of deaths is sufficiently explained by the following account of a severe form of dysentery which prevailed at the asylum in the months of August and September.

"During these two months a large number of the patients, and a considerable number of the attendants and assistants, were affected by dysentery or diarrhoea. 195 patients—viz. 80 men and 115 women—were attacked by dysentery, and 27 men and 18 women by diarrhoea, making a total number of 240 cases. Of this number 39 died, viz. 35 of dysentery and 4 of diarrhoea.

"The above, however, does not include 21 cases of dysentery and 9 of diarrhoea that occurred among the attendants and assistants, none of which proved fatal. The disease prevailed about the same time in all parts of the building, and alike affected those that had previously been out of doors most of the time, and those that had not been out at all. It also prevailed in most of the towns in this region, and proved fatal to many, especially to those whose systems were impaired by previous disease. At this asylum, with the exception of two cases, all that died were patients who had either been long insane, or whose bodily health was previously very poor, and of whose restoration to reason we indulged no hope."

From the mass of matter in this valuable report, we select such extracts, and collect such facts, as are most interesting or important.

	Males.	Females.	Total.
Patients admitted from Jan. 16th, 1843, to			
Dec. 1st, 1848, - - - - -	1017	997	2014
Discharged - - - - -	776	743	1519
Cured - - - - -			814
Died - - - - -			200

Of the 2014 patients, 108 men and 143 women, a total of 251, were disposed to suicide.

"It is often said that a person will not commit suicide if placed in a room with others. This is, we presume, generally correct, but not always, as some have not only attempted suicide, but actually accomplished it under such cir-

in cases of hallucinations of vision and audition, but has observed no material or permanent benefit from it. He has "employed electro-magnetism in many cases, without any other good effect than that occasioned by the amusement or interest created by the use of it." He has administered the *hashish* to a considerable number, but, "on none had it any lasting effect either good or bad." He has used ether, by inhalation of the vapour, "to a large number, both men and women, who were affected with various forms of mental delusion," and, he remarks, "to none has it proved injurious, and we are rather favourably impressed with its use, though we do not expect any striking remedial effects from it."

The effects of chloroform were found very similar to those of ether. Neither of them was administered in cases of recent insanity, nor, in those having the form of mania with high excitement.

"Cod-liver oil we have used in many cases, and think with benefit in some instances. We apprehend it will be found a useful remedy in certain cases of insanity, accompanied by emaciation and costiveness, and when there is a tendency to consumption or rheumatism."

6th. The New Jersey State Lunatic Asylum is about two miles north-west of the city of Trenton. Its situation combines many advantages of convenience, utility, and beauty. In its internal construction, it is said to display all the improvements suggested by experience in both Europe and America.

It was opened for the admission of patients, on the 15th of May, 1848, under the superintendence of Dr. H. A. Buttolph, who, for three years, was associated with Dr. Brigham in the asylum at Utica.

The first annual report embraces a period of but seven and a half months, ending Dec. 31st, 1848.

	Males.	Females.	Total.
During that period the patients received were	47	39	86
Discharged cured - - - -	1	2	3
Remaining at the end of the year - - - -	46	37	83

The report is written with ability, and affords evidence that the author is acquainted with the business to which he has been called. Being intended, however, for a community of readers to whom the subject is comparatively new, it does not, and it could not be expected that it would, contain anything particularly novel to those who have for many years read the reports of other similar establishments.

7th. During the past year the Pennsylvania Hospital for the Insane, has been most of the time occupied by patients to the full extent of its accommodations.

Number at beginning of the year - - -	188
Admitted in course " " - - -	215
Whole number " " - - -	403
Discharged in course of the year - - -	203
Remaining at close - - -	200
Of those discharged, there were cured - - -	120
" " " died - - -	17

Causes of death.—Exhaustion following acute mania 5, chronic disease of brain 3, pulmonary consumption 2, congestion of lungs 1, old age 1, effects of accidental fall 1, prostration, incident to long-continued excitement and a refusal of food, 1.

In his remarks upon the premature removal of patients from the hospital, Dr. Kirkbride informs us that, "as early as 1754, the Managers of the Pennsylvania Hospital resolved to admit no insane person who was not allowed to remain twelve months in the house, if not cured sooner, or deemed by the physician incurable."

Such should, if possible, be one of the rules of every institution for the insane. The number of cures would then undoubtedly be from thirty to forty per cent. greater than under existing circumstances.

	Males.	Females.	Total.
Patients admitted since opening of the hospital	773	611	1391
Discharged and died	671	520	1191
Discharged cured	357	276	633
Died	74	56	130

A building 40 feet by 26, and one story high, was erected during the past year, at the distance of 186 feet west of the central portion of the main edifice of the hospital. It is occupied as a museum and reading-room for the patients, and is furnished with minerals, shells, and other objects of science and curiosity, as well as with newspapers, periodicals, and engravings. Such a place of resort is of eminent value in the moral treatment of the inmates of the institution.

"The annual course of lectures has been repeated, and with results quite as satisfactory as detailed in previous reports. A full audience, respectful attention, correct deportment, and an obvious interest in the subjects discussed, have been almost invariably observed, and no one who has watched the progress of this part of the system of treatment can doubt that good effects have resulted from it.

"In no branch of treatment for the insane," says Dr. K., "is there greater room for progress, nor one in which important results are more likely hereafter to be attained, than in that which is directly mental in its character. It is not in the early period of the disease that it is so essential, but after the acute stage has passed—where the malady appears disposed to assume a chronic form, or even where individuals seem to have reached that point at which they are too apt to be styled hopeless; and where neglect and ill treatment are sure soon to make them so. It is, indeed, to the mentally lowest class of patients in our hospitals, that attention should be most steadily directed; it is among these that will yet be found the widest sphere for benevolent labor, and from which results will occasionally flow, that will reward any one who engages in the work in the true spirit of perseverance, and without faltering, because the field is less promising than some others. It has always been an object in this hospital, as far as possible, steadily to increase the means of direct mental treatment for all the patients, but especially for those who reside in the lower wards.

"The reading aloud to patients, often to a class few of whom ever take a book in hand, has been attended with the most satisfactory results. No more beautiful change has been effected in an entire class of patients, than is to be witnessed in both our lodges at certain hours, during which the teachers are reading to the assembled companies. On these occasions, there are rarely more than three or four, often only one or two absent, out of twenty of what is styled the worst class of patients; and the conduct of all present, and the attention given to the reading, has on many occasions been truly surprising. These hours seem to be looked forward to with the proper feeling by many, and the visits of the teachers are evidently a source of pleasure to the patients generally. The good effects of this kind of reading are also obvious, in the other wards, in which it is pursued regularly; but it is in the lodges that they have been most striking. Some months since, as one of the means of still further testing the influence of provision for more extended means of amusement, instruction, and occupation for the class of patients under notice, a piano—not so good as we could desire, but the only one then available—was placed in one division of the lodge for females. I hazard little in saying that no instrument in the institution has been more used within the last few months, has given more pleasure, or been more useful to those who have used or listened to it. Ladies whose minds appeared lost—who had not seen an instrument of the kind for many a long year, and who were supposed utterly incapable of using one—were found to be gradually attracted to it, and, by practice, seemed to be carried back in some faint degree to the feelings and tastes of other days; and, thus employed, have been calm, when ordinarily they were excited, and have even been able to impart no little pleasure to those around them."

8th. Dr. Stribling, of the Western Asylum, Virginia, has lived to see his infant institution—infantile in size, if not in age—grow to the goodly stature of a man, and, unfortunately, now about to assume the unwieldy dimensions of a

giant. He informs us, in this report, that when the additional buildings already commenced shall have been completed, there will be accommodations for more than four hundred patients. Its capacity will then equal that of the hospital at Worcester, Mass., and be exceeded in this country by the asylum at Utica alone.

	Males.	Females.	Total.
Patients at commencement of year	121	86	207
Admitted during the year	39	31	70
Whole number	160	117	277
Patients discharged during the year	42	30	72
remaining at end of year	818	87	205
Of those discharged, there were cured	21	19	40
died	16	6	22

Causes of death.—Marasmus 10, cerebral congestion 3, phthisis pulmonalis 1, chronic diarrhœa 1, exhaustion and old age 1, epilepsy 1, chronic aphthæ 1, hydrothorax 1, dysentery 1, cerebritis 1, dyspepsia 1.

The following remarks by Dr. Stribling, illustrate the experience of every physician charged with the management of a public institution for the insane. We copy them in the hope of contributing to the dissemination of truth, and the lessening of the evil complained of.

"There is one other topic upon which it may be well here to say a word, as it too frequently happens, notwithstanding our efforts to correct the evil, that our difficulties are greatly enhanced, and the comfort of the patient materially impaired by his being decoyed, as it were, to the asylum; discovering, only after his arrival in the neighborhood, that he is the victim of deception. The friends of the insane, influenced by a natural affection, and averse to witnessing the effects of coercion upon them, console themselves with the reflection that, after they reach the asylum, should they be unwilling to remain, there are appliances to compel submission without subjecting the unfortunate individual to public exposure, whilst sheriffs and other officers too frequently resort to stratagem in order to save themselves trouble. Could all be made sensible of the mischievous effects of such a course upon the afflicted individual after he enters the asylum, we can but think they would willingly undergo the sacrifice of feeling, or bear with the trouble which a different course might impose. One of the effects most to be deplored is, that the individual having been betrayed by those whom he had known longest and had much confided in, becomes, of course, suspicious of the officers of the institution, who are strangers to him, and hence, our influence is greatly impaired.

"In addition to this, many patients reason themselves into the belief, that, as they were brought to the asylum by treachery, they have a moral right to resort to artifice to effect their escape; and consequently, unless kept as prisoners, closely confined to their apartments, or subjected to the constant supervision of an attendant, they succeed, causing trouble and expense to the institution, and often protracted and painful anxiety to their friends. We can but repeat the advice heretofore tendered, that all patients, whatever the character or degree of their insanity, be frankly apprised, by those having charge of them, *why* they are to be removed from home, and *where* they are to be placed; and, in the event that they resist, that any degree of force, which the case may call for, be resorted to rather than evasion or deception!"

9th. Dr. John Evans, the former superintendent elect of the Hospital for the Insane in Indiana, resigned the office about a year since, and Dr. R. J. Patterson, for some time senior assistant physician in the Ohio State Asylum, was appointed as his successor.

The report before us was issued in October last. At that time apartments for the accommodation of about fifty patients were completed, and it was expected that the institution would be opened in the course of the following month.

The buildings, when finished internally, will furnish apartments for two hundred patients. Dr. Patterson thinks it will soon be fully occupied, as he had already received more than fifty applications.

P. E.